Jefferson Davis Parish School System

Kirk Credeur, Supervisor of Special Services

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PARENT PERMISSION TO PHOTOGRAPH AND/OR VIDEO

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to video/photograph your child for educational purposes such as progress monitoring, student portfolios, and district training. Your permission is required to take photographs and/or videotape your child in the classroom setting.

Your cooperation is appreciated.

Check one:

\_\_\_\_\_\_\_\_\_Yes, I give permission for my child to be photographed and/or videotaped for educational purposes.

\_\_\_\_\_\_\_\_\_No, I refuse permission for my child to be photographed and/or videotaped for educational purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date